DEPARTMENT OF TREASURY

PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: **04-CR-544**
Defendant: KUN FUK CHENG	Type of Process: **Forfeiture - Service**

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Kun Hui Zheng, P.O. Box 4077, Halfmoon, New York 12065

Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

Signature of Attorney or other Originator requesting service on behalf of: [signature] **/Thomas A. Capezza, AUSA**	**(X)Plaintiff** **( ) Defendant**	Telephone No. 518-431-0247	Date 2/14/06

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No.____	District to Serve No.____	Signature of Authorized Dept. of Treasury Agency Officer	Date
			[signature]	2/15/06

I HEREBY CERTIFY AND RETURN THAT I( ) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. (✓) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above.	( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address: (complete only if different than shown above)	Date of Service: 2/16/06 - Certified Mail · Time of Service ( ) a.m. ( ) p.m. Signature, Title and Treasury Agency: [signature], Special Agent IRS-CI

REMARKS:

A certified copy of the Preliminary order of Forfeiture and Notice of Publication and Forfeiture were sent by certified Mail on 2/16/06 to Kun Hui Zheng at the address listed above.

7005 0390 0005 8339 5917

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

CLIFTON PARK, NY 12065

Postage	$ 1.11	UNIT ID: 0616
Certified Fee	2.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		Clerk: KJ42QC
Total Postage & Fees	$ 5.36	02/16/06

Sent To: Kun Hui Zheng

Street, Apt. No.; or PO Box No.: Box 4077

City, State, ZIP+4: Halfmoon NY 12065

PS Form 3800, June 2002 — See Reverse for Instructions

16050042 01 + 02

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kun Hui Zheng
PO Box 4077
Halfmoon, NY
12065

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

PO Box 40..
Clifton Park, NY

CLIFTON PARK NY 12065 FEB 22 2006 USPS

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 0390 0005 8339 5917

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540